

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION	1. DATE OF INCIDENT 07-JUN-2011	TIME 01:48:00	2. ADDRESS OF OCCURRENCE 6226 S WOLCOTT AVE CHICAGO, IL 60636	3. LOCATION CODE 303	4. BEAT/OCUR 0714																																																																			
	6. POSITION 9161	6. LAST NAME SIERRA	7. FIRST NAME GILDARDO	8. STAR NO. 3656	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F																																																																			
	14. DATE OF APPT. 30-SEP-2002	15. EMPLOYEE NO. 007	16. UNIT & BEAT OF ASSIGNMENT 0714R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																		
	20. LAST NAME FARMER	21. FIRST NAME FLINT	22. M.I. 	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 																																																																		
	26. ADDRESS 	29. TELEPHONE NO. 	30. WAS SUBJECT ARMED TO HURT (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? M. E. HINES #69	34. BY WHOM? M. E. HINES #69	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																					
	36. CHARGES PLACED 		37. CB NO. 	38. IR NO. 	39. DNA 	40. DNA 																																																																		
	41. REASON FOR USE OF FORCE (Check all that apply)	<table border="1"> <thead> <tr> <th>SUBJECT'S ACTIONS</th> <th>PASSIVE RESISTER</th> <th>ACTIVE RESISTER</th> <th>ASSAULT/ASSAULT</th> <th>ASSAULT/BATTERY</th> <th>ASSAULT/DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> FLED</td> <td><input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY</td> <td><input checked="" type="checkbox"/> ATTACK WITH WEAPON</td> <td><input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM</td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td><input type="checkbox"/> PULLED AWAY</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> ATTACK WITHOUT WEAPON</td> <td><input type="checkbox"/> WEAPON</td> </tr> <tr> <td>OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER CHARGED POW/HW APPARENT/FIRE</td> </tr> <tr> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE TAKE DOWN/EMERGENCY HANCUPPING OC CHEMICAL WEAPON CANINE</td> <td><input type="checkbox"/> ELBOW STRIKE</td> <td><input type="checkbox"/> KNEE STRIKE</td> <td><input type="checkbox"/> FIREARM</td> </tr> <tr> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td><input type="checkbox"/> OC CHEMICAL WEAPON</td> <td><input type="checkbox"/> CLOSED HAND STRIKE/PUNCH</td> <td><input type="checkbox"/> KICKS</td> <td><input type="checkbox"/> OTHER _____</td> </tr> <tr> <td>ESCORT HOLDS <input type="checkbox"/></td> <td><input type="checkbox"/> CANINE</td> <td><input type="checkbox"/> IMPACT WEAPON (Describe in Box 40)</td> <td><input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)</td> <td><input type="checkbox"/> OTHER _____</td> </tr> <tr> <td>WRISTLOCK <input type="checkbox"/></td> <td><input type="checkbox"/> TASER (Probe Discharge)</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> </tr> <tr> <td>ARMBAR <input type="checkbox"/></td> <td><input type="checkbox"/> TASER (Contact Skin)</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td><input type="checkbox"/> TASER (Laser Targeted)</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> </tr> <tr> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td><input type="checkbox"/> TASER (Spark Displayed)</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> </tr> <tr> <td>OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/></td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> </tr> <tr> <td>OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> <td><input type="checkbox"/> OTHER _____</td> </tr> </tbody> </table>					SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAULT/ASSAULT	ASSAULT/BATTERY	ASSAULT/DEADLY FORCE	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> FLED	<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/> ATTACK WITH WEAPON	<input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> ATTACK WITHOUT WEAPON	<input type="checkbox"/> WEAPON	OTHER _____	<input type="checkbox"/> OTHER CHARGED POW/HW APPARENT/FIRE	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE TAKE DOWN/EMERGENCY HANCUPPING OC CHEMICAL WEAPON CANINE	<input type="checkbox"/> ELBOW STRIKE	<input type="checkbox"/> KNEE STRIKE	<input type="checkbox"/> FIREARM	VERBAL COMMANDS <input checked="" type="checkbox"/>	<input type="checkbox"/> OC CHEMICAL WEAPON	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> KICKS	<input type="checkbox"/> OTHER _____	ESCORT HOLDS <input type="checkbox"/>	<input type="checkbox"/> CANINE	<input type="checkbox"/> IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/> OTHER _____	WRISTLOCK <input type="checkbox"/>	<input type="checkbox"/> TASER (Probe Discharge)	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	ARMBAR <input type="checkbox"/>	<input type="checkbox"/> TASER (Contact Skin)	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	<input type="checkbox"/> TASER (Laser Targeted)	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	CONTROL INSTRUMENT <input type="checkbox"/>	<input type="checkbox"/> TASER (Spark Displayed)	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>	<input type="checkbox"/> OTHER _____	OTHER _____	<input type="checkbox"/> OTHER _____									
	SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAULT/ASSAULT	ASSAULT/BATTERY	ASSAULT/DEADLY FORCE																																																																		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> FLED	<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/> ATTACK WITH WEAPON	<input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM																																																																			
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> ATTACK WITHOUT WEAPON	<input type="checkbox"/> WEAPON																																																																				
OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER CHARGED POW/HW APPARENT/FIRE																																																																				
MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE TAKE DOWN/EMERGENCY HANCUPPING OC CHEMICAL WEAPON CANINE	<input type="checkbox"/> ELBOW STRIKE	<input type="checkbox"/> KNEE STRIKE	<input type="checkbox"/> FIREARM																																																																				
VERBAL COMMANDS <input checked="" type="checkbox"/>	<input type="checkbox"/> OC CHEMICAL WEAPON	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> KICKS	<input type="checkbox"/> OTHER _____																																																																				
ESCORT HOLDS <input type="checkbox"/>	<input type="checkbox"/> CANINE	<input type="checkbox"/> IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/> OTHER _____																																																																				
WRISTLOCK <input type="checkbox"/>	<input type="checkbox"/> TASER (Probe Discharge)	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____																																																																				
ARMBAR <input type="checkbox"/>	<input type="checkbox"/> TASER (Contact Skin)	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____																																																																				
PRESSURE SENSITIVE AREAS <input type="checkbox"/>	<input type="checkbox"/> TASER (Laser Targeted)	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____																																																																				
CONTROL INSTRUMENT <input type="checkbox"/>	<input type="checkbox"/> TASER (Spark Displayed)	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____																																																																				
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____																																																																				
OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____																																																																				
42. WEAPON AUTHORIZED BY (NAME) DNA	43. ADDITIONAL INFORMATION																																																																							
POSITION 						STAR NO. 	UNIT 																																																																	
44. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIELE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	45. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	46. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial	47. WEATHER CONDITIONS <input checked="" type="checkbox"/> CLEAR	48. BARREL LENGTH 4.5	49. CALIBER/GAUGE 9 MM																																																																			
50. WEAPON ID NO.: U663435	51. WEAPON SERIAL No. (Include Letters) 630546	52. CHICAGO GUN REG. NO. 	52. FIREARM OWNER ID. NO. 	53. HANDGUN CERTIFICATE NO. 																																																																				
54. SPECIAL WEAPON CERTIFICATE NO. 	55. PROPERTY INVENTORY NO. 	56. TYPE OF AMMUNITION USED Department Issued	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER, 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 16																																																																				
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CATALOGUES/ SHOT SHELLS RELOADED 15	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																				
63. HOW WAS MEMBERS HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD TACTICAL RELOAD	65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input checked="" type="checkbox"/> 03 11 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	66. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																					
68. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	69. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input checked="" type="checkbox"/> 03 11 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																							
70. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	71. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																							
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																							
SIGNATURES	73. REPORTING MEMBER (Print Name) SIERRA, GILDARDO 07-JUN-2011 09:10:34	STAR/EMPLOYEE NO. 3656	SIGNATURE 	DATE REVIEWED: 07-JUN-2011 09:12:23	TIME 11:29 HT334470 1045980 Attachment # 7																																																																			
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																																																																								
74. REVIEWING SUPERVISOR (Print Name) KULBIDA, EDWARD J																																																																								
STAR NO. 100																																																																								
SIGNATURE 																																																																								
DATE REVIEWED: 07-JUN-2011 09:12:23																																																																								
TIME 11:29 HT334470 1045980 Attachment # 7																																																																								

CPD-11.377 (REV. 10/07)

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY CR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBERS USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
Subject DOA			

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the preliminary facts known at this time the Undersigned is requesting further investigation into this incident.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

<input type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
---	--

LOG NO./CRNO. 1045950 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) LODDING, HOWARD W	SIGNATURE [REDACTED]	DATE COMPLETED 07-JUN-2011 09:53:27 TIME
--	----------------------	---

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF: <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input checked="" type="checkbox"/> SUPPLEMENTARY REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	<input type="checkbox"/> A.O.D. REPORT <input type="checkbox"/> CR INITIATION REPORT	80. TOTAL TRR's THIS EVENT NO. 1
---	--	---	-------------------------------------

VER 11-29
LOG # 1045950
Attachment # 7